

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040945

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 143

FILED NOV 6 1963

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Eolia</b>		c. CITY OR TOWN <b>Eolia</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Joseph Raymond Parks</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>26</b> Year <b>1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-24-1901</b>	9. AGE (last birthday) <b>62</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teaching</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Teacher</b>		11. BIRTHPLACE (City and state or country) <b>Whiteside, Lincoln Co. Mo. U.S.A.</b>	
13a. FATHER'S NAME <b>Joseph William Parks</b>		13b. MOTHER'S MAIDEN NAME <b>Rhoda Ellen Liles</b>		14. NAME OF HUSBAND OR WIFE <b>Alta Parks</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT Address <b>Mrs. Alta Parks, Eolia, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Pulmonary Edema</b> Interval between onset and death <b>1 hr</b>	
DUE TO (b) <b>Myocardial Infarction</b> <b>2-3 hrs</b>	
DUE TO (c) <b>Arteriosclerotic Cardiovascular Disease</b> <b>5 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>As a result of chronic heart disease</b>	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Eolia, Missouri</b>
21. I attended the deceased from <b>1957</b> to <b>10/26/63</b> and last saw him alive on <b>9/7/63</b> Death occurred at <b>5:00 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <b>122 S.3rd, Louisiana, Mo.</b>	
22a. SIGNATURE <b>Chas H. Linnell</b> (Degree or title) <b>M.D.</b>		22c. DATE SIGNED <b>10/28/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-28-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Eolia, Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Eolia, Missouri</b>
24. FUNERAL DIRECTOR <b>Geo. M. Collier, Louisiana, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10-28-63</b>	26. REGISTRAR'S SIGNATURE <b>Bernice Collier</b>

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

NOV 1 1961

0230  
0230

0-1-0-1

2-02

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Geo M. Collier*

Licensed Embalmer No.

*2839*

P. O. Address

*Louisiana, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.